

Case Number:	CM14-0185020		
Date Assigned:	11/12/2014	Date of Injury:	09/17/2010
Decision Date:	12/19/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 17, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; anxiolytic medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 21, 2014, the claims administrator partially approved request for Norco, Oxycodone, Gabapentin, and Valium, apparently for weaning or tapering purposes. The applicant's attorney subsequently appealed. In an April 11, 2014 progress note, the applicant reported ongoing complaints of pain, 9 to 10/10. The applicant was able to do some household chores, including laundry, dishes, and vacuuming. The applicant stated that his pain complaints were recently much worsened by a factor 10 fold. The applicant stated that his pain medications let him to move about for about two hours. The applicant status post ankle surgery and a total knee arthroplasty. The applicant was not working, it was acknowledged. The applicant's medications included Norco, Flexeril, Oxycodone, Motrin, Adderall, and Neurontin, it was noted. Multiple medications were refilled, including Norco, Neurontin, and Oxycodone. The applicant's low back pain was described as "chronic and intractable." The applicant was apparently in the process of appealing a previously denied epidural injection. In a subsequent progress note dated June 10, 2014, the applicant reported ongoing complaints of low back pain radiating to the left leg. The attending provider stated that the applicant's pain medications were effective and allowing him to perform unspecified activities of daily living. The applicant stated that the Valium was helping him sleep at night. Norco, Neurontin, and Valium were refilled. It was stated that Valium was reintroduced. It was stated that the applicant previously used Valium with success. On September 30, 2014, the applicant again reported ongoing complaints of low back pain, exacerbated by bending. 8/10

pain was reported. The applicant was using Norco thrice daily, Oxycodone, thrice daily, and Gabapentin thrice daily. The applicant's BMI was 28. The applicant was not working, it was acknowledged. The applicant was given refills of Norco, Neurontin, Oxycodone, and Valium. The applicant's low back pain was again described as "chronic and intractable."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; When to Continue Opioids Page(s): 78,80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider has failed to furnish the compelling rationale from provision of two separate short acting opioids, Norco and Oxycodone. It was further noted that the applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant has failed to return to work. The most recent progress note suggested that the applicant's pain complaints were in the severe range, at 8/10. The applicant was consistently described on multiple office visits, referenced above, as exhibiting "chronic and intractable" low back pain. This coupled with the attending provider's failure to recount any quantifiable decrements in pain and/or identifying any meaningful improvements in function achieved as a result of ongoing Norco usage, it did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Oxycodone 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids; Opioids, Ongoing Management Page(s): 80, 78.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy, include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. The applicant continues to report ongoing complaints of severe, chronic, intractable, 8/10 low back pain, it was noted on several office visits, referenced above. The attending provider failed to outline any meaningful improvements in function achieved as a result of ongoing opioids therapy, including ongoing Oxycodone therapy. While page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggested a

lowest possible dose of opioid be employed to improve pain and function, the attending provider did not furnish any applicant-specific rationale, which would support provision of two separate short acting opioids, Norco and Oxycodone. Therefore, the request was not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. Here, however, the applicant continues to report severe, chronic, and intractable low back pain radiating to the left leg in the 8/10 range or greater. Ongoing usage of Gabapentin has failed to curtail the applicant's dependence on opioids agents such as Norco and Oxycodone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gabapentin. Therefore, the request was not medically necessary.

Valium for sleep 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider and/or applicant appear intent on using Valium for chronic, long-term, and/or scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed role for anxiolytic such as Valium. Therefore, the request was not medically necessary